

Domestic Partner Affidavit



I, _____, an employee of the City of Tempe, and

_____ do hereby affirm that we are living as domestic partners. We further affirm that our relationship meets the definition stated on this form. We acknowledge that the purpose of this form is to receive City of Tempe employee domestic partner benefits.

Definition

A domestic partner is defined as a person who:

1. Shares your permanent residence;
2. Has resided with you for no less than six months;
3. Is no less than 18 years of age;
4. Is financially interdependent with you and has proven such by either common ownership of real property OR Two (2) of the following:
 - ☐ Common ownership of a motor vehicle
 - ☐ Joint bank or credit account
 - ☐ Designation as a beneficiary for life insurance or retirement benefits or under your partner's will
 - ☐ Assignment of a durable power of attorney
5. Is not a blood relative to whom marriage would be prohibited in Arizona.

Eligible employees and their domestic partner both attest that they:

- Have not signed a domestic partner affidavit or declaration designating any other person as their domestic partner within 6 months;
- Are not currently married to another person;
- Do not have any other domestic partner, spouse or spousal equivalent of the same or opposite sex;
- The eligible employee agrees to give notice within 31 days of termination of domestic partner eligibility pursuant to this affidavit.

We understand that if this statement is false, the City may pursue criminal prosecution and civil remedies for reimbursement of all costs together with reasonable attorney fees. Further, the City may take disciplinary action up to and including termination from employment against the employee-partner.

Term:

This Affidavit is effective until terminated by the written notification of either party delivered to the Human Resources Department of the City of Tempe. The undersigned Domestic Partner, by their signature below, hereby acknowledges and agrees that they are not entitled to any benefits as of midnight of the last day of the month in which they cease to be a domestic partner, unless they are qualified and have taken all steps necessary to obtain extension of benefits as provided for by the Plan.

EMPLOYEE

(Print Name)

(Signature/Date)

DOMESTIC PARTNER

(Print Name)

(Signature/Date)

TO BE COMPLETED BY THE NOTARY PUBLIC

State of _____ County of _____

On this _____ day of _____, _____,

personally appeared before me the said named _____ and
(Employee)

_____ known to me to be the same person described in and who
(Partner)

executed the foregoing instrument and he or she acknowledged that he or she executed the same and being duly sworn by me, made oath that the statements in the foregoing are true.

Signature of Notary Public My commission expires: _____

****Include supporting documentation as indicated in #4 of Affidavit****

INFORMATION REGARDING DOMESTIC PARTNERSHIP COVERAGE

In addition to all other rules and conditions of City insurance coverage, the following apply to domestic partners coverage:

- In order for an employee to enroll a domestic partner for insurance coverage, both the employee and the domestic partner must complete the Domestic Partnership Affidavit.
- City employees who have domestic partnership insurance coverage are required to complete a Termination of Domestic Partnership form within 30 days of the termination of the domestic partnership.
- Children of a domestic partner may enroll for coverage only if the domestic partner is enrolled for coverage.

IMPORTANT TAX INFORMATION

The portion of the insurance premium paid by the employee for domestic partner and children of the domestic partner is paid on an after-tax basis.

The portion of the premium paid by the City for domestic partner and children of the domestic partner is reported to the Internal Revenue Service as taxable income to the employee. These amounts are treated as taxable income on each paycheck and federal, state and FICA withholdings will be taken. See below for these amounts for the current plan year.

The following charts show the portion of the insurance premium that is paid for by the City for domestic partner and children of the domestic partner. These amounts are treated as taxable income on each paycheck and reported to the Internal Revenue Service as taxable income to the employee.

July 1, 2002 – June 30, 2003

Medical Plans	PPO	Basic	CIGNA HMO
EE + Domestic Partner	\$100.40	\$102.06	\$85.72
EE + Domestic Partner + Partner's Children	\$155.64	\$157.73	\$132.66

Dental Plans	MetLife High	MetLife Low	CIGNA Dental
Employee + Domestic Partner	\$4.88	\$4.95	\$0.87
Employee + Domestic Partner + Partner's Children	\$9.44	\$10.05	\$2.07